

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO 10618319  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		3				
9		1				
10		1				
11		3				
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TOTAL IND.	3	1		1		1

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						